Employee Post-Travel Disclosure of Travel Expenses

Date/Time Stamp:	
16 OCT -6 AM 10:-1-1	7/

Post-Travel Filing Intravel. Submit all form	nstructions: Complete ns to the Office of Pub	this form within 30 da olic Records in 232 Hai	ys of returning from the state of the state	160C7 -6 AM 10: 1 travel expenses that have been or
In compliance with R be reimbursed/paid fo	ule 35.2(a) and (c), I more me. I also certify that	take the following disclo	sures with respect to	travel expenses that have been or
 	-	rization (Form RE-1), <u>I</u> rtification Form with all		y, invitee list, etc.)
Private Sponsor(s) (lis	st all): Council on Fo	reign Relations		
Fravel date(s): Septe	ember 19, 2016			
Name of accompanyir Relationship to Travel	ng family member (if as ler: Spouse O	ny): N/A Child		
	COSTS IN EMPLOYEE	EASE DUE TO THE ACC EXPENSES. (Attach addit		SE OR DEPENDENT CHILD, ONLY
	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses (Amount & Description)
☐ Good Faith Estimate ☑ Actual Amount	\$403 (rail); \$81.66 (ground transport)		\$10.65	
Expenses for Accomp	panying Spouse or De	pendent Child (if applic	able):	
	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses (Amount & Description)
☐ Good Faith Estimate				
☐ Actual Amount		<u> </u>		
-	-	ents attended. See Senatementation for full list	, , , , , , , , , , , , , , , , , , ,	ttach additional pages if etings.
0/4/16	Tax-	Thialmon		
(Date)	(Printed name of traveler) ED BY SUPERVISING MEMBER/OFFICER:			(Signature of traveler)
TO BE COMPLETE	D BY SUPERVISING	MEMBER/OFFICER:		

(Signature of Supervising Senator/Officer)

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COUNCIL on FOREIGN RELATIONS

1777 F Street, NW, Washington, DC 20006 tel 202.509.8400 fax 202.509.8490 www.cfr.org

Congressional Foreign Policy Study Group New York Program Monday, September 19, 2016

7:55 a.m. Depart Union Station (Acela 2104)

11:20 a.m. Arrive New York Penn Station

12:00 p.m. Lunch Reception

12:30 p.m. Council on Foreign Relations General Meeting

A Conversation with Secretary Ernest Moniz, Secretary of Energy

Presider: Graham Allison, Director, Belfer Center for Science and International Affairs

1:30 p.m. Meeting Concludes

1:45 p.m. Meeting with Gideon Rose, Editor, Foreign Affairs, and Peter G. Peterson Chair,

Foreign Affairs

2:45 p.m. Discussion with Dr. Adam Segal, Ira A. Lipman Chair in Emerging Technologies and

National Security and Director of the Digital and Cyberspace Policy Program, Council on

Foreign Relations
Topic: Cybersecurity

3:20 p.m. Reception

3:30 p.m. Council on Foreign Relations General Meeting

A Conversation with His Excellency John Key, Prime Minister of New Zealand

Presider: Peter Orszag, Vice Chairman of Investment Banking, Lazard

4:45 p.m. Discussion with Ms. Jennifer Harris, Senior Fellow, Council on Foreign Relations

Topic: Economic and Financial Instruments as Tools of Statecraft

5:45 p.m. Depart CFR for New York Penn Station

7:00 p.m. Depart New York Penn Station (Acela 2171)

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EMPLOYEE PRE-TRAVEL AUTHORIZATION

Pre-Travel Filing Instructions: Complete and submit the prior to the travel departure date to the Select Committee Incomplete and late travel submissions will <u>not</u> be considered from <u>must</u> be typed and is available as a fillable PDF on that ethics. senate.gov. Retain a copy of your entire pre-travel disclosure.	e on Ethics in SH-220. lered or approved. This he Committee's website
Name of Traveler:	Jason Thielman
Employing Office/Committee:	Office of Senator Steve Daines
Private Sponsor(s) (list all): Council on Foreign Relat	ions
Travel date(s): Monday, September 19, 2016 Note: If you plan to extend the trip for any reason	you <u>must</u> notify the Committee.
Destination(s): New York, NY	
Explain how this trip is specifically connected to the travel	ler's official or representational duties:
As a participant in the Council on Foreign Relatives and the Security experts located at CFR's headquarters	ations' (CFR) foreign policy study group, I will be scussion and meet with foreign policy and national s.
Name of accompanying family member (if any): N/A Relationship to Employee: Spouse Child I certify that the information contained in this form is true,	complete and correct to the best of my knowledge:
8/18/16 (Date)	(Signature of Employee)
TO BE COMPLETED BY SUPERVISING SENATOR/OFFICE Secretary for the Majority, Secretary for the Minority, and Chap.	ER (President of the Senate, Secretary of the Senate, Sergeant at Arms, lain):
l, hereby	Jason Thielman
(Print Senator's/Officer's Name)	(Print Traveler's Name)
related expenses for travel to the event described above. I	ent or reimbursement for necessary transportation, lodging, and have determined that this travel is in connection with his or her of create the appearance that he or she is using public office for
I have also determined that the attendance of the employee of the Senate. (signify "yes" by checking box) 8/18/16 (Date)	's spouse or child is appropriate to assist in the representation (Signature of Supervising Senator/Officer)
(Revised 10/19/15)	Form RE-1